



2021 LEGISLATIVE PRIORITIES

Appropriations

- ➔ Increase Funding for the Indian Health Service and the Urban Indian Line Item
- ➔ Advance Appropriations to Insulate Indian Health Care Providers from Shutdowns and Allow for Long-Term Planning
- ➔ Fund Behavioral Health for Urban Indian Organizations (UIOs) at \$7.3 Million

Parity for Urban Indian Health

- ➔ Extend Full (100%) Federal Medical Assistance Percentage (FMAP) to services provided at UIOs
- ➔ Remove Facilities Restrictions on UIOs
- ➔ Establish an Urban Confer Policy for HHS
- ➔ Inclusion of UIOs in National Community Health Aide Program (CHAP)
- ➔ Inclusion of UIOs in Advisory Committees with Focus on Indian Health
 - Add UIOs to Federal Advisory Committee Act (FACA) Exemptions
 - UIO Representation for Facilities Appropriation Advisory Board (FAAB)

Additional Requests

- ➔ Reauthorize the Special Diabetes Program for Indians (SDPI) through 2025 and increase funding to \$200 million annually

Unfunded Provisions in the Indian Health Care Improvement Act (IHCA)

- ➔ Establish an Urban Indian Health Community Health Representatives fund at \$3.05 million

For more information contact: **Meredith Raimondi**, Director of Congressional Relations (mraimondi@ncuih.org)





APPROPRIATIONS

Increase Funding for the Indian Health Service and the Urban Indian Line Item

Overview

- ➔ IHS is considerably under-resourced, and historically under-funded. Over 70% of AI/ANs live in urban areas, however, less than 1% of IHS funding is provided for the health care of urban Indians.
- ➔ Fully fund IHS in phases in accordance with the IHS Tribal Budget Formulation Workgroup (TBFWG).

Recommendation

The TBFWG recommends a \$90,941,000 increase above the FY 2021 planning base, which would change the urban Indian health line item to \$200.5 million overall. UIOs receive direct funding from primarily the one-line item – urban Indian health – and do not receive direct funds from other distinct IHS line items.

Sign Letter or Submit Request
To Appropriations Committee requesting \$200.5 Million for UIOs

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APPROPRIATIONS

Advance Appropriations to Insulate Indian Health Care Providers from Shutdowns and Allow for Long-Term Planning

Overview

- ➔ When limited UIO funding is delayed or cut off during events such as a government shutdown, there are devastating effects upon a UIOs ability to provide health care.
- ➔ UIOs are so chronically underfunded that during the 2018-2019 shutdown, several UIOs had to reduce services, lose staff or close their doors entirely, forcing them to leave their patients without adequate care.
- ➔ In a UIO shutdown survey, 5 out of 13 UIOs indicated that they could only maintain normal operations for 30 days. Ensure IHS is exempted from shutdowns, sequestration and hiring freezes.

Legislative Text

Section 825 of the Indian Health Care Improvement Act (25 U.S.C. 1680o) is amended— (1) by inserting “(a)” before “There are authorized”; and (2) by adding at the end the following: “(b) For each fiscal year, beginning with the first fiscal year that starts during the year after the year in which this subsection is enacted, discretionary new budget authority provided for the Indian Health Services and Indian Health Facilities accounts of the Indian Health Service shall include advance discretionary new budget authority that first becomes available for the first fiscal year after the budget year. “(c) The Secretary shall include in documents submitted to Congress in support of the President’s budget submitted pursuant to section 1105 of title 31, United States Code, for each fiscal year to which subsection (b) applies detailed estimates of the funds necessary for the Indian Health Services and Indian Health Facilities accounts of the Indian Health Service for the fiscal year following the fiscal year for which the budget is submitted.” (b) Submission Of Budget Request.—Section 1105(a) of title 31, United States Code, is amended by adding at the end the following new paragraph: “(40) information on estimates of appropriations for the fiscal year following the fiscal year for which the budget is submitted for the following accounts of the Indian Health Service: “(A) Indian Health Services. “(B) Indian Health Facilities.”.

Cosponsor

- Indian Programs Advance Appropriations Act
- Indian Health Service Advance Appropriations Act

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APPROPRIATIONS

Fund Behavioral Health for Urban Indian Organizations (UIOs) at \$7.3 Million

Overview

- ➔ UIOs do not receive direct funds from the Mental Health, or Alcohol and Substance Abuse line items and instead must use the urban Indian health line item to account for these essential services.
- ➔ Even before the pandemic, American Indians and Alaska Natives (AI/ANs) residing in urban areas faced significant behavioral health disparities – for instance, 15.1% of urban AI/ANs report frequent mental distress as compared to 9.9% of the general public and the AI/AN youth suicide rate is 2.5 times that of the overall national average.

Recommendation

Fund behavioral health at \$7.3 million annually for the next three years

Submit Request
To Appropriations Committee requesting \$7.3 Million for
Behavioral Health for UIOs

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PARITY FOR URBAN INDIAN HEALTH

Extend Full (100%) Federal Medical Assistance Percentage (FMAP) to services provided at UIOs

Overview

- ➔ Congress recognizes the obligation of the federal government to pay for health services to Indians as IHS beneficiaries at the full cost of their care as Medicaid beneficiaries (See H.R. REP. No. 94-1026, pt. III, at 21 (1976)) as part of its fulfillment of the trust and treaty responsibilities to Indian Country.
- ➔ Currently, the federal government reimburses states at a 100% rate for Medicaid services provided at IHS and tribal facilities; this is not the case for services provided by UIOs.
- ➔ Congress must extend permanent 100% FMAP to services provided at UIOs – to ensure parity across the IHS health care system and increase available funds to help Indian Country address this COVID-19 pandemic.
- ➔ This will not only help UIOs but will inject additional funding support into states – allowing them to better handle this COVID-19 crisis.
- ➔ Supported by NCAI, NIHB, the House Native American Caucus, Biden-Harris Administration, and IHS.

Legislative Text

New Section. SEC. 1. EXTENSION OF FULL FEDERAL MEDICAL ASSISTANCE PERCENTAGE TO URBAN INDIAN ORGANIZATIONS. Section 1905(b) of the Social Security Act (42 U.S.C. 1396d(b)) is amended by striking “Indian Health Care Improvement Act)” and inserting “Indian Health Care Improvement Act) or through an Urban Indian Organization (as defined in section 4 of the Indian Health Care Improvement Act) pursuant to a grant or contract with the Indian Health Service under title V of the Indian Health Care Improvement Act or as a permanent program within the IHS direct care program.”

Cosponsor
Urban Indian Health Parity Act

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PARITY FOR URBAN INDIAN HEALTH

Remove Facilities Restrictions on UIOs

Overview

- ➔ UIOs do not have access to facilities funding under the IHS budget – meaning there is no UIO funding for facilities, maintenance & improvement, sanitation, equipment, among others.
- ➔ Section 509 of the Indian Health Care Improvement Act (IHCA) (25 U.S.C. § 1659) (Section 1659) currently permits the IHS to make funds available to Urban Indian Organizations (UIO) for minor renovations to facilities or for construction/expansion of facilities, including leased facilities. However, this is only to assist UIOs in meeting or maintaining accreditation standards of The Joint Commission (TJC). Because of the specificity of the language in Section 1659, the IHS cannot award funds to an UIO to make minor renovations, construct or expand facilities, unless the UIO is doing so to meet or maintain accreditation specifically from TJC.
- ➔ Expanding the current authority rather than limiting it under Section 1659 to TJC, would allow UIOs to make renovations or advance construction/expansion of facilities necessary to improve the safety and quality of care provided to Urban Indian patients.
- ➔ **Current trends have only 1 out of the 41 UIOs maintaining TJC accreditation.** UIOs seek or maintain accreditation from health care accreditation organizations other than TJC, including Accreditation Association for Ambulatory Healthcare (AAAHC) and Commission on Accreditation of Rehabilitation Facilities (CARF). Some UIOs have also achieved recognition as Patient Centered Medical Homes (PCMH), with additional UIOs currently working towards PCMH recognition, as well as AAAHC accreditation. In addition, some UIOs must meet standards from the Centers for Medicare & Medicaid Services and/or their respective state departments of health.

Legislative Text

Section 509 of the Indian Health Care Improvement Act (25 U.S.C. 1659):

The Secretary may make funds available to contractors or grant recipients under this subchapter for ~~minor~~ renovations to facilities or construction or expansion of facilities, including leased facilities, ~~to assist such contractors or grant recipients in meeting or maintaining the Joint Commission for Accreditation of Health Care Organizations (JCAHO) standards.~~

Support efforts to remove facilities restrictions for UIOs

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PARITY FOR URBAN INDIAN HEALTH

Establish an Urban Confer Policy for HHS

Overview

- ➔ Currently, only IHS has a legal obligation to confer with UIOs, which has been very problematic due to the COVID-19 pandemic requiring inter-agency cooperation.
- ➔ Agencies have been operating as if only IHS has a trust obligation to AI/ANs, and that causes an undue burden to IHS to be in all conversations regarding Indian Country in order to talk with agencies during the COVID-19 pandemic.
- ➔ UIOs need avenues for direct communication with agencies charged with overseeing the health of their AI/AN patients, especially during the present health crisis.
- ➔ Urban confer policies do not supplant or otherwise impact tribal consultation and the government-to-government relationship between tribes and federal agencies.
- ➔ Despite scores of attempts, NCUIH has been unsuccessful at facilitating dialogue between numerous federal agencies and UIO-stakeholders. This is not only inconsistent with the government's responsibility but is contrary to sound public health policy.

Legislative Text

Section 514 of the Indian Health Care Improvement Act (25 U.S.C. §1660d) is amended in subsection (b) by: striking "the Service confers" and inserting "both the Department and Service confer".

Support efforts to extend a confer policy to UIOs.

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PARITY FOR URBAN INDIAN HEALTH

Inclusion of UIOs in National Community Health Aide Program (CHAP)

Overview

- ➔ Although UIOs are eligible for the Community Health Aide Program (CHAP) under the national expansion policy authorized in the Indian Health Care Improvement Act (IHCIA) and IHS official properly initiated Urban Confer with UIO in 2016, IHS changed its position in 2018 and further excluded UIOs from the consultation and confer process.
- ➔ IHS asserts that UIOs are excluded simply because they are not explicitly included in the statutory language of the nationalization of CHAP.
- ➔ UIOs are eligible for other similarly situated programs under IHCIA, including the Community Health Representative program, and Behavioral Health and Treatment Services programs.
- ➔ UIOs are explicitly named in the statement of purpose in IHCIA, included throughout its Subchapter 1 on increasing the number of Indians entering the health professions and to assure an adequate supply of health professionals involved in the provision of health care to Indian people.
- ➔ CHAP will increase the availability of health workers in AI/AN communities.
- ➔ Because the purpose of IHCIA explicitly includes UIOs, the interpretation and implementation of any policy that implements IHCIA must be read to include UIOs when they are not explicitly excluded.

Legislative Text

25 U.S.C. §1616l(d)(2) is amended to read as follows: (2) Requirement; exclusion Subject to paragraphs (3) and (4), in establishing a national program under paragraph (1), the Secretary— (A) shall not reduce the amounts provided for the Community Health Aide Program described in subsections (a) and (b); (B) shall exclude dental health aide therapist services from services covered under the Program; and (C) shall include urban Indian organizations.

25 U.S.C. §1616l(d)(3) is amended by striking “or tribal organization” each place it appears and inserting “, tribal organization, or urban Indian organization”.

25 U.S.C. §1616l(e) is amended striking “or a tribal organization,” and inserting “a tribal organization, or an urban Indian organization”.

Support efforts to extend CHAP to UIOs.

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PARITY FOR URBAN INDIAN HEALTH

Inclusion of UIOs in Advisory Committees with Focus on Indian Health

- ➔ Add UIOs to Federal Advisory Committee Act (FACA) exemptions
- ➔ UIO Representation for Facilities Appropriation Advisory Board (FAAB)

Overview

- ➔ When UIOs are not expressly included within statute to participate in tribal advisory workgroups or committees, they are prohibited from participating in a voting role or excluded altogether.
- ➔ UIO inclusion in critical advisory committees on Indian health is necessary to reflect the reality of the majority of the AI/AN population, as more than 70% of AI/ANs living in urban centers today.
- ➔ Without explicit inclusion of UIO representation in statute, workgroups using the Federal Advisory Committee Act (FACA) intergovernmental exemption exclude UIO leaders in their charters by default.
- ➔ For UIO leaders to participate in advisory committees without impacting the intergovernmental exemption to FACA, Congressional action is needed.

Legislative Text

Unfunded Mandates Reform Act:

Section 204 of the Unfunded Mandates Reform Act (2 U.S.C. §1534(b)) is amended by adding after and below paragraph (2) the following: "The inclusion of a representative of a national urban Indian organization in such meetings shall not affect the nonapplication of, or an exemption from, the Federal Advisory Committee Act (5 U.S.C. App.) to such meetings."

Facilities Appropriation Advisory Board:

Section 301 of the Indian Health Care Improvement Act (25 U.S.C. §1631) is amended— At subsection (c) by striking "and tribal organizations" each place it appears and inserting ", tribal organizations, and urban Indian organizations".

At subclause c(2)(A)(i)(I) by inserting after "tribes" the following: ", 1 member representing urban Indian organizations,".

Indian Health Care Improvement Act:

Section 514 of the Indian Health Care Improvement Act (25 U.S.C. §1660d) is amended in subsection (b) by Adding after subsection (b) the following: "The Secretary shall include a representative of a national urban Indian health organization on any Indian health Tribal Advisory Committees or Tribal Workgroups as a voting member of such committee or group."

Support efforts to

- Add UIOs to exemptions under the Federal Advisory Committee Act.
- Add UIO representative to Facilities Appropriation Advisory Board.

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ADDITIONAL REQUESTS

Reauthorize the Special Diabetes Program for Indians (SDPI) through 2025 and increase funding to \$200 million annually

Overview

- ➔ Roughly 30 of the 41 UIOs received SDPI funding in 2020.
- ➔ SDPI is one of the most successful public health programs ever implemented.
- ➔ Because of SDPI, rates of End Stage Renal Disease and diabetic eye disease have dropped by more than half. A report from the Assistant Secretary for Preparedness and Response found that SDPI is responsible for saving Medicare \$52 million per year.
- ➔ Despite its great success, SDPI has been flat funded at \$150 million since 2004 and has lost over a third of its buying power to medical inflation.

Legislative Text

Section 330C(c)(2)(D) of the Public Health Service Act (42 U.S.C. 254c-3(c)(2)(D)) is amended by striking “2023” and inserting “\$200,000,000 for each of fiscal years 2021 through 2025”.

Support efforts to extend the Special Diabetes Program for Indians (SDPI) for 5 years and increase funding to \$200 million annually

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UNFUNDED PROVISIONS IN THE INDIAN HEALTH CARE IMPROVEMENT ACT (IHCIA)

Establish an Urban Indian Health Community Health Representatives in IHS and fund at \$3.05 million

Overview

- ➔ Community Health Representatives (CHRs) have been invaluable resources in the Indian health care delivery system for decades, with their value only made clearer during the COVID-19 pandemic.
- ➔ The IHS CHR program does not include UIOs, so UIOs must separately finance these types of practitioners from their already limited budgets.

Legislative Text

(25 U.S.C. 1660f)

Provide \$3.05 million for the establishment of a Community Health Representative program at urban Indian organizations to train and employ Indians to provide health care services.

Support efforts to establish an Urban Indian Health Community Health Representatives in IHS and fund at \$3.05 million.

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